

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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TOTAL IND.			17			
TOTAL DEP.			17			
TOTAL CLAIMS			24			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			17					
TOTAL DEP.			17					
TOTAL CLAIMS			24					